

CHAPTER 13
 SECTION 9.1
 ADDENDUM 1, SECTION 2

TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES -
 MUSCULOSKELETAL SYSTEM

The number following the procedure code is the TRICARE payment group.

GENERAL

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
20005	4	Incision of soft tissue abscess (e.g., secondary to osteomyelitis); deep or complicated
<u>EXCISION</u>		
20200	4	Biopsy, muscle; superficial
20205	5	Biopsy, muscle; deep
20206	2	Biopsy, muscle, percutaneous needle
20220	2	Biopsy, bone, trocar or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225	4	Biopsy, bone, trocar or needle; deep (vertebral body, femur)
20240	4	Biopsy, excisional; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245	5	Biopsy, excisional; deep (eg, humerus, ischium, femur)
20250	5	Biopsy, vertebral body, open; thoracic
20251	5	Biopsy, vertebral body, open; lumbar or cervical
<u>INTRODUCTION OR REMOVAL</u>		
20525	5	Removal of foreign body in muscle or tendon sheath; deep or complicated
20650	5	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20660	4	Application of cranial tongs caliper, or stereotactic frame including removal (separate procedure)
20661	5	Application of halo, including removal; cranial
20662	5	Application of halo, including removal; pelvic
20663	5	Application of halo, femoral
20665	2	Removal of tongs or halo applied by another physician
20670	4	Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure)
20680	6	Removal of implant; deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)
20690	4	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
20694 ²	2	Removal, under anesthesia, of external fixation system

GENERAL (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>GRAFTS (OR IMPLANTS)</u>		
20900	5	Bone graft, any donor area; minor or small (eg, dowel or button)
20902	6	Bone graft, any donor area; major or large
20910 ²	5	Cartilage graft; costochondral
20912	5	Cartilage graft; nasal septum
20920	6	Fascia lata graft; by stripper
20922	5	Fascia lata graft; by incision and area exposure, complex or sheet
20924	6	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20926	6	Tissue grafts, other (eg, paratenon, fat, dermis)

MISCELLANEOUS

20955	6	Bone graft with microvascular anastomosis; fibula
20960 ¹⁰	6	Bone graft with microvascular anastomosis; rib
20962	6	Bone graft with microvascular anastomosis; other bone graft (specify)
20969	6	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, rib, metatarsal, or great toe
20970	6	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20971 ¹⁰	6	Free osteocutaneous flap with microvascular anastomosis; rib
20972	6	Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973	6	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
20975	4	Electrical stimulation to aid bone healing; invasive (operative)

HEAD

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
21010	4	Arthrotomy, temporomandibular joint
<u>EXCISION</u>		
21025	4	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	4	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21034	5	Excision of malignant tumor of facial bone other than mandible
21040	4	Excision of benign cyst or tumor of mandible; simple
21041	4	Excision of benign cyst or tumor of mandible; complex
21044	4	Excision of malignant tumor of mandible
21050	5	Condylectomy, temporomandibular joint (separate procedure)
21060	4	Meniscectomy partial or complete, temporomandibular joint (separate procedure)
21070	5	Coronoidectomy (separate procedure)

INTRODUCTION OR REMOVAL

21100	4	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
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REPAIR, REVISION, OR RECONSTRUCTION

21206	7	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	9	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	7	Osteoplasty, facial bones; reduction
21210	9	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)

HEAD (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
21215	9	Graft, bone; mandible (includes obtaining graft)
21230	9	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	9	Graft; ear cartilage autograft, to nose or ear (includes obtaining graft)
21240	6	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	7	Arthroplasty, temporomandibular joint, with allograft
21243	7	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	9	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	9	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	9	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21248	9	Reconstruction of mandible or maxilla, endosteal implant (eg blade, cylinder); partial
21249	9	Reconstruction of mandible or maxilla, endosteal implant (eg blade, cylinder); complete
21267	9	Orbital repositioning, periorbital osteotomies, unilateral, with bone graft; extracranial approach
21270	7	Malar augmentation, prosthetic material
21275	9	Secondary revision of orbitocraniofacial reconstruction
21280	7	Medial canthopexy (separate procedure)
21282	7	Lateral canthopexy

FRACTURE AND/OR DISLOCATION

21300	4	Closed treatment of skull fracture without operation
21310	4	Closed treatment of nasal bone fracture without manipulation
21315	4	Closed treatment, nasal bone fracture; without stabilization
21320	5	Closed treatment, nasal bone fracture; with stabilization
21325	6	Open treatment of nasal fracture; uncomplicated
21330	7	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335	8	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21337	4	Closed treatment of nasal septal fracture, with or without stabilization
21338	6	Open treatment of nasoethmoid fracture; without external fixation
21339	7	Open treatment of nasoethmoid fracture; with external fixation
21340	6	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343	7	Open treatment of depressed frontal sinus fracture
21355	5	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21360	6	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	7	Open treatment of complicated, (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21385	7	Open treatment of orbital floor "blowout" fracture; transantral approach (Caldwell-Luc type operation)

HEAD (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
21386	7	Open treatment of orbital floor "blowout" fracture; periorbital approach
21387	7	Open treatment of orbital floor "blowout" fracture; combined approach
21390	9	Open treatment of orbital floor "blowout" fracture; periorbital approach, with alloplastic or other implant
21395	9	Open treatment of orbital floor "blowout" fracture; periorbital approach, with bone graft (includes obtaining graft)
21400	4	Closed treatment of fracture of orbit, except "blowout"; without manipulation
21401	5	Treatment of fracture of orbit, except "blowout"; with manipulation
21406	6	Open treatment of fracture of orbit, except "blowout"; without implant
21407	7	Open treatment of fracture of orbit, except "blowout"; with implant
21421	6	Closed treatment of palatal or maxillary fracture (Lefort I type); with interdental wire fixation or fixation of denture or splint
21422	7	Open treatment of palatal or maxillary fracture (Lefort I type)
21440	5	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	6	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	5	Closed treatment of mandibular fracture; without manipulation
21451	6	Closed treatment of mandibular fracture; with manipulation
21452	4	Percutaneous treatment of mandibular fracture, with external fixation
21453	5	Closed treatment of mandibular fracture, with interdental fixation
21454	7	Open treatment of mandibular fracture with external fixation
21461	6	Open treatment of mandibular fracture; without interdental fixation
21462	7	Open treatment of mandibular fracture; with interdental fixation
21465	6	Open treatment of mandibular condylar fracture
21470	7	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	2	Closed treatment of temporomandibular dislocation, initial or subsequent
21485	4	Closed treatment of temporomandibular dislocation, initial or subsequent complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	5	Open treatment of temporomandibular dislocation
21493	5	Closed treatment of hyoid fracture; without manipulation
21494	6	Closed treatment of hyoid fracture; with manipulation
21495	6	Open treatment of hyoid fracture
21497	4	Interdental wiring, for condition other than fracture

NECK (SOFT TISSUES) AND THORAX

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
INCISION		
21501	4	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax
21502	4	Incision and drainage, deep abscess or hematoma; with partial rib osteotomy

NECK (SOFT TISSUES) AND THORAX (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
21510	5	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax

EXCISION

21550	2	Biopsy, soft tissue of neck or thorax
21555	4	Excision tumor, soft tissue of neck or thorax; subcutaneous
21556	4	Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular
21600	4	Excision of rib, partial
21610	4	Costotransversectomy (separate procedure)
21620	4	Ostectomy of sternum, partial

REPAIR, REVISION OR RECONSTRUCTION

21700	4	Division of scalenus anticus; without resection of cervical rib
21720	5	Division of sternocleidomastoid for torticollis, open operation; without cast application
21725	5	Division of sternocleidomastoid for torticollis, open operation; with cast application

FRACTURE AND/OR DISLOCATION

21800	2	Closed treatment of rib fracture, uncomplicated, each
21805	4	Open treatment of rib fracture without fixation, each
21810	4	Treatment of rib fracture requiring external fixation ("flail chest")
21820	2	Closed treatment of sternum fracture

BACK AND FLANK

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
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EXCISION

21920	2	Biopsy, soft tissue of back or flank; superficial
21925	4	Biopsy, soft tissue of back or flank; deep
21930	4	Excision, tumor, soft tissue of back or flank
21935	5	Radial resection of tumor (eg, malignant neoplasm), soft tissue of back or flank

SPINE (VERTEBRAL COLUMN)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
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EXCISION

22100	5	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical
22101	5	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22102	5	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22103 ⁸	5	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)

SPINE (VERTEBRAL COLUMN) (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>FRACTURE AND/OR DISLOCATION</u>		
22305	2	Closed treatment of vertebral process fracture(s)
22310	2	Closed treatment of vertebral body fracture(s), without manipulation
22315	4	Closed treatment of vertebral fracture and/or dislocation, with or without anesthesia, by manipulation or traction, each
22325	5	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s); posterior approach, one fractured vertebrae or dislocated segment; lumbar
22326	5	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s); posterior approach, one fractured vertebrae or dislocated segment; cervical
22327	5	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s); posterior approach, one fractured vertebrae or dislocated segment; thoracic
22328 ⁸	5	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s); posterior approach, one fractured vertebrae or dislocated segment; each additional fractured vertebrae or dislocated segment (List separately in addition to code for primary procedure)

MANIPULATION

22505	4	Manipulation of spine requiring anesthesia, any region
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ABDOMEN

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>EXCISION</u>		
22900	6	Excision, abdominal wall tumor, subfascial (eg, desmoid)

SHOULDER

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
23000	4	Removal of subdeltoid (or intratendinous) calcareous deposits, open method
23020	4	Capsular contracture release (Sever type procedure) for Erb's palsy
23030	2	Incision and drainage, shoulder area; deep abscess or hematoma
23035	5	Incision, deep, with opening of cortex (eg, for osteomyelitis or bone abscess), shoulder area
23040	5	Arthrotomy, glenohumeral joint, for infection, with exploration, drainage or removal of foreign body
23044	6	Arthrotomy, acromioclavicular, sternoclavicular joint, for infection, with exploration, drainage or removal of foreign body

EXCISION

23065	2	Biopsy, soft tissue of shoulder area; superficial
23066	4	Biopsy, soft tissue of shoulder area; deep
23075	4	Excision, tumor, shoulder area; subcutaneous
23076	4	Excision, tumor shoulder area; deep, subfascial or intramuscular

SHOULDER (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
23077	5	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area
23100	4	Arthrotomy for biopsy, glenohumeral joint
23101	9	Arthrotomy for biopsy or for excision of torn cartilage, acromioclavicular, sternoclavicular joint
23105	6	Arthrotomy for synovectomy; glenohumeral joint
23106	6	Arthrotomy for synovectomy; sternoclavicular joint
23107	6	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	7	Claviculectomy; partial
23125	7	Claviculectomy; total
23130	7	Acromioplasty or acromionectomy, partial
23140	6	Excision or curettage of bone cyst or benign tumor of clavicle or scapula
23145	7	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146	7	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150	6	Excision or curettage of bone cyst or benign tumor of proximal humerus
23155	7	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156	7	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170	4	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle;
23172	4	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula;
23174	4	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	6	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis), clavicle
23182	6	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis), scapula
23184	6	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis), proximal humerus
23190	6	Ostectomy of scapula, partial (eg, superior medial angle)
23195	7	Resection humeral head

INTRODUCTION OR REMOVAL

23330	2	Removal of foreign body, shoulder; subcutaneous
23331	2	Removal of foreign body, shoulder; deep (eg, Neer prosthesis removal)

REPAIR, REVISION OR RECONSTRUCTION

23395	7	Muscle transfer, any type for paralysis of shoulder or upper arm; single
23397	9	Muscle transfer, any type for paralysis of shoulder or upper arm; multiple
23400	9	Scapulopexy (eg, Sprengel's deformity or for paralysis)
23405	4	Tenomyotomy, shoulder area; single
23406	4	Tenomyotomy, shoulder area; multiple through same incision
23410	7	Repair of ruptured supraspinatus tendon (rotator cuff) or musculotendinous cuff; acute
23412	9	Repair of ruptured supraspinatus tendon (rotator cuff) or musculotendinous cuff; chronic
23415	7	Coracoacromial ligament release, with or without acromioplasty

SHOULDER (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
23420	9	Repair of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	6	Tenodesis for rupture of long tendon of biceps
23440	6	Resection or transplantation of long tendon of biceps, for chronic tenosynovitis
23450	7	Capsulorrhaphy for recurrent dislocation, anterior; Putti-Platt procedure or Magnuson type operation
23455	9	Capsulorrhaphy for recurrent dislocation, anterior; Bankart type operation with or without stapling
23460	7	Capsulorrhaphy for recurrent dislocation, anterior, any type; with bone block
23462	9	Capsulorrhaphy for recurrent dislocation, anterior, any type; with coracoid process transfer
23465	7	Capsulorrhaphy for recurrent dislocation, posterior, with or without bone block
23466	9	Capsulorrhaphy for recurrent dislocation with any type multi-directional instability
23480	6	Osteotomy, clavicle, with or without internal fixation
23485	9	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490	5	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491	5	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus and humeral head
23500	1	Closed treatment of clavicular fracture; without manipulation
23505	2	Treatment of closed clavicular fracture; with manipulation
23515	5	Open treatment of clavicular fracture, with or without internal or external fixation
23520	2	Closed treatment of sternoclavicular dislocation; without manipulation
<u>FRACTURE AND/OR DISLOCATION</u>		
23525	2	Treatment of closed sternoclavicular dislocation; with manipulation
23530	5	Open treatment of sternoclavicular dislocation, acute or chronic
23532	6	Open treatment of closed or open sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23540	2	Closed treatment of acromioclavicular dislocation; without manipulation
23545	2	Treatment of closed acromioclavicular dislocation; with manipulation
23550	5	Open treatment of acromioclavicular dislocation, acute or chronic
23552	6	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23570	2	Closed treatment of scapular fracture; without manipulation
23575	2	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23585	5	Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation
23600	2	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23605	4	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal fixation

SHOULDER (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
23615	6	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation with or without repair of tuberosity(-ies)
23616	6	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(-ies); with proximal humeral prosthetic replacement
23620	2	Closed treatment of greater tuberosity fracture; without manipulation
23625	4	Closed treatment of greater tuberosity fracture; with manipulation
23630	7	Open treatment of greater tuberosity fracture, with or without internal or external fixation
23650	1	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	1	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23660	5	Open treatment of acute shoulder dislocation
23665	4	Closed treatment of shoulder dislocation, with or without fracture of greater tuberosity, with manipulation
23670	5	Open treatment of shoulder dislocation, with fracture of greater tuberosity, with or without internal or external fixation
23675	4	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
23680	5	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, with or without internal or external fixation

MANIPULATION

23700	1	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
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ARTHRODESIS

23800	6	Arthrodesis, shoulder joint; with or without local bone graft
23802	9	Arthrodesis, shoulder joint; with primary autogenous graft (includes obtaining graft)

AMPUTATION

23921	5	Disarticulation of shoulder; secondary closure or scar revision
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HUMERUS (UPPER ARM) AND ELBOW

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
23930	2	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	4	Incision and drainage, upper arm or elbow area; infected bursa
23935	4	Incision, deep, with opening of bone cortex (e.g., for osteomyelitis or bone abscess) humerus or elbow

EXCISION

24000	6	Arthrotomy, elbow, for infection, with exploration, drainage or removal of foreign body
24065	2	Biopsy, soft tissue of upper arm or elbow area; superficial
24066	4	Biopsy, soft tissue of upper arm or elbow area; deep

HUMERUS (UPPER ARM) AND ELBOW (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
24075	4	Excision, tumor, upper arm or elbow area; subcutaneous
24076	4	Excision, tumor, upper arm or elbow area; deep, subfascial or intramuscular
24077	5	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area
24100	2	Arthrotomy, elbow; for synovial biopsy only
24101	6	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102	6	Arthrotomy, elbow; for synovectomy
24105	5	Excision, olecranon bursa
24110	4	Excision or curettage of bone cyst or benign tumor, humerus
24115	5	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116	5	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120	5	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process
24125	5	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)
24126	5	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
24130	5	Excision, radial head
24134	4	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136	4	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138	4	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140	5	Partial excision (craterization, saucerization or diaphysectomy) of bone (eg, for osteomyelitis), humerus
24145	5	Partial excision (craterization, saucerization or diaphysectomy) of bone (eg, for osteomyelitis), radial head or neck
24147	4	Partial excision (craterization, saucerization or diaphysectomy) of bone (eg, for osteomyelitis), olecranon process
24150	5	Radical resection for tumor, shaft or distal humerus
24151	6	Radical resection for tumor, shaft or distal humerus; with autograft (includes obtaining graft)
24152	5	Radical resection for tumor, radial head or neck
24153	6	Radical resection for tumor, radial head or neck; with autograft (includes obtaining graft)
24155	5	Resection of elbow joint (arthrectomy)

INTRODUCTION OR REMOVAL

24160	4	Implant removal; elbow joint
24164	5	Implant removal; radial head
24201	4	Removal of foreign body, upper arm or elbow area; deep

REPAIR, REVISION AND RECONSTRUCTION

24301	6	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24310	5	Tenotomy, open, elbow to shoulder, single, each
24320	5	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330	5	Flexor-plasty, elbow, (eg, Steindler type advancement)

HUMERUS (UPPER ARM) AND ELBOW (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
24331	5	Flexor-plasty, elbow, (eg, Steindler type advancement); with extensor advancement
24340	5	Tenodesis for rupture of biceps tendon at elbow
24342	5	Reinsertion of ruptured biceps tendon, distal, with or without tendon graft (includes obtaining graft)
24350	5	Fasciotomy, lateral or medial (eg, "tennis elbow" or epicondylitis)
24351	5	Fasciotomy, lateral or medial (eg, "tennis elbow" or epicondylitis); with extensor origin detachment
24352	5	Fasciotomy, lateral or medial (eg, "tennis elbow" or epicondylitis); with annular ligament resection
24354	5	Fasciotomy, lateral or medial (eg, "tennis elbow" or epicondylitis); with stripping
24356	5	Fasciotomy, lateral or medial (eg, "tennis elbow" or epicondylitis); with partial osteotomy
24360	7	Arthroplasty, elbow; with membrane
24361	7	Arthroplasty, elbow; with distal humeral prosthetic replacement
24362	7	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363	9	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement ("total elbow")
24365	7	Arthroplasty, radial head
24366	7	Arthroplasty, radial head; with implant
24400	6	Osteotomy, humerus, with or without internal fixation
24410	6	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420	5	Osteoplasty, humerus (eg, shortening or lengthening (excluding 64876))
24430	5	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435	6	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24470	5	Hemiepiphyseal arrest (eg, for cubitus varus or valgus, distal humerus)
24495	4	Decompression fasciotomy, forearm, with brachial artery exploration
24498	5	Prophylactic treatment (nailing, pinning, plating or wiring); with or without methylmethacrylate; humerus

FRACTURE AND/OR DISLOCATION

24500	2	Closed treatment of humeral shaft fracture; without manipulation
24505	2	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal fixation
24515	6	Open treatment of humeral shaft fracture, with plate/screws, with or without cerclage
24516	6	Open treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530	1	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension without manipulation
24535	2	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
24538	4	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension

HUMERUS (UPPER ARM) AND ELBOW (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
24545	6	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; without intercondylar extension
24546	7	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; with intercondylar extension
24560	2	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	4	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566	4	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575	5	Open treatment of humeral epicondylar fracture, medial or lateral; with or without internal or external fixation
24576	2	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577	2	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24579	5	Open treatment of humeral condylar fracture, medial or lateral, with or without internal or external fixation
24582	4	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24586	6	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and and proximal ulna and/ or proximal radius);
24587	7	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty
24600	1	Treatment of closed elbow dislocation; without anesthesia
24605	4	Treatment of closed elbow dislocation; requiring anesthesia
24615	5	Open treatment of acute or chronic elbow dislocation
24620	4	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24635	5	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without internal or external fixation
24655	2	Closed treatment of radial head or neck fracture; with manipulation
24665	6	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision
24666	6	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision; with radial head prosthetic implant
24670	2	Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation
24675	2	Closed treatment of ulnar fracture, proximal end (olecranon process); with manipulation
24685	5	Open treatment of ulnar fracture proximal end (olecranon process), with or without internal or external fixation
<u>ARTHRODESIS</u>		
24800	6	Arthrodesis, elbow joint; with or without local autograft or allograft

HUMERUS (UPPER ARM) AND ELBOW (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
24802	7	Arthrodesis, elbow joint; with autograft (includes obtaining graft other than locally obtained)

AMPUTATION

24925	5	Amputation, arm through humerus; secondary closure or scar revision
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FOREARM AND WRIST

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
25000	5	Tendon sheath incision; at radial styloid for deQuervain's disease
25005 ³	5	Tendon sheath incision; at wrist for other stenosing tenosynovitis
25020	5	Decompression fasciotomy, forearm and/or wrist; flexor or extensor compartment
25023	5	Decompression fasciotomy, forearm and/or wrist; with debridement of nonviable muscle and/or nerve
25028	2	Incision and drainage, forearm and/or wrist; deep abscess or hematoma
25031	4	Incision and drainage, forearm and/or wrist; infected bursa
25035	4	Incision, deep, with opening of bone cortex (e.g., for osteomyelitis or bone abscess), forearm and/or wrist
25040	7	Arthrotomy, radiocarpal or mediocarpal joint, for infection, with exploration, drainage, or removal of foreign body

EXCISION

25065	2	Biopsy, soft tissue of forearm and/or wrist; superficial
25066	4	Biopsy, soft tissue of forearm and/or wrist; deep
25075	4	Excision, tumor, forearm and/or wrist area; subcutaneous
25076	5	Excision, tumor, forearm and/or wrist area; deep, subfascial or intramuscular
25077	5	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area
25085	5	Capsulotomy, wrist (eg, for contracture)
25100	4	Arthrotomy, wrist joint; for biopsy
25101	5	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105	6	Arthrotomy, wrist joint; for synovectomy
25107	5	Arthrotomy distal radioulnar joint for repair of triangular cartilage complex
25110	5	Excision, lesion of tendon sheath, forearm and/or wrist
25111	6	Excision of ganglion, wrist (dorsal or volar); primary
25112	6	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	6	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25116	6	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensor with or without transposition of dorsal retinaculum
25118	4	Synovectomy, extensor tendon sheath, wrist, single compartment
25119	5	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna

FOREARM AND WRIST (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
25120	5	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process)
25125	5	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with primary autogenous graft (includes obtaining graft)
25126	5	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
25130	5	Excision or curettage of bone cyst or benign tumor of carpal bones
25135	5	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft
25136	5	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
25145	4	Sequestrectomy (eg, for osteomyelitis or bone abscess); forearm and/or wrist
25150	4	Partial excision (craterization, saucerization or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151	4	Partial excision (craterization, saucerization or diaphysectomy) of bone (eg, for osteomyelitis); radius
25170	5	Radical resection for tumor, radius or ulna
25210	5	Carpectomy; one bone
25215	6	Carpectomy; all bones of proximal row
25230	6	Radial styloidectomy (separate procedure)
25240	6	Excision distal ulna (Darrach type procedure)

INTRODUCTION OR REMOVAL

25248	4	Exploration for removal of deep foreign body, forearm or wrist
25250	2	Removal of wrist prosthesis (separate procedure)
25251	2	Removal of wrist prosthesis; complicated, including "total wrist"

REPAIR, REVISION AND RECONSTRUCTION

25260	6	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	4	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25265	5	Repair tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270	6	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272	5	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25274	6	Repair, tendon or muscle, extensor, secondary, with tendon graft (includes obtaining graft), forearm and/or wrist, each tendon or muscle
25280	6	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single each tendon
25290	5	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	5	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	5	Tenodesis at wrist; flexors of fingers

FOREARM AND WRIST (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
25301	5	Tenodesis at wrist; extensors of fingers
25310	5	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312	6	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315	5	Flexor origin slide for cerebral palsy, forearm and/or wrist
25316	5	Flexor origin slide for cerebral palsy, forearm and/or wrist; with tendon(s) transfer
25317 ³	5	Flexor origin slide for Volkmann contracture
25318 ³	5	Flexor origin slide for Volkmann contracture; with tendon(s) transfer
25320	5	Capsulorrhaphy or reconstruction, capsulectomy, wrist (includes synovectomy, resection of capsule, tendon insertions)
25330 ¹⁰	7	Arthroplasty, wrist
25331 ¹⁰	7	Arthroplasty, wrist; with implant
25332	7	Arthroplasty, wrist; pseudarthrosis type with internal fixation
25335	5	Centralization of wrist on ulna (eg, radial club hand)
25350	5	Osteotomy, radius; distal third
25355	5	Osteotomy, radius; middle or proximal third
25360	5	Osteotomy, ulna
25365	5	Osteotomy; radius and ulna
25370	5	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375	6	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390	5	Osteoplasty, radius OR ulna; shortening
25391	6	Osteoplasty, radius OR ulna; lengthening with autograft
25392	5	Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393	6	Osteoplasty, radius AND ulna; lengthening with autograft
25400	5	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	6	Repair of nonunion or malunion, radius or ulna; with iliac or other autograft (includes obtaining graft)
25415	5	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	6	Repair of nonunion or malunion, radius AND ulna; with iliac or other autograft (includes obtaining graft)
25425	5	Repair of defect with autograft; radius OR ulna
25426	6	Repair of defect with autograft; radius AND ulna
25440	6	Repair of nonunion, scaphoid (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441	7	Arthroplasty with prosthetic replacement, distal radius
25442	7	Arthroplasty with prosthetic replacement, distal ulna
25443	7	Arthroplasty with prosthetic replacement, scaphoid (navicular)
25444	7	Arthroplasty with prosthetic replacement, lunate
25445	7	Arthroplasty with prosthetic replacement, trapezium
25446	9	Arthroplasty with prosthetic replacement, distal radius and partial or entire carpus ("total wrist")
25447	7	Interposition arthroplasty, intercarpal or carpometacarpal joints
25449	7	Revision of arthroplasty, including removal of implant, wrist joint

FOREARM AND WRIST (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
25450	5	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455	5	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25490	5	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate; radius
25491	5	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate; ulna
25492	5	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate; radius AND ulna
FRACTURE AND/OR DISLOCATION		
25505	1	Closed treatment of radial shaft fracture; with manipulation
25515	5	Open treatment of radial shaft fracture, with or without internal or external fixation
25520	2	Closed treatment of radial shaft fracture, with dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25525	6	Open treatment of radial shaft fracture, with internal and/or external fixation and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation), with or without percutaneous skeletal fixation
25526	7	Open treatment of radial shaft fracture, with internal and/or external fixation and open treatment, with or without internal or external fixation of distal radioulnar (Galeazzi fracture/ dislocation), includes repair of triangular cartilage
25535	2	Closed treatment of ulnar shaft fracture; with manipulation
25545	5	Open treatment of ulnar shaft fracture, with or without internal or external fixation
25565	2	Closed treatment of radial and ulnar shaft fractures; with manipulation
25574	5	Open treatment of radial and ulnar shaft fractures, with internal or external fixation; of radius or ulna
25575	5	Open treatment of radial and ulnar shaft fractures, with internal or external fixation; of radius and ulna
25605	3	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation
25611	8	Percutaneous skeletal fixation of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation
25620	7	Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation
25624	4	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25628	5	Open treatment of carpal scaphoid (navicular) fracture, with or without internal or external fixation
25635	2	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); with manipulation, each bone
25645	5	Open treatment of carpal bone fracture (excluding carpal scaphoid (navicular)), each bone

FOREARM AND WRIST (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
25660	2	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation
25670	5	Open treatment of radiocarpal or intercarpal dislocation, one or more bones
25675	2	Closed treatment of distal radioulnar dislocation with manipulation
25676	4	Open treatment of distal radioulnar dislocation, acute or chronic
25680	4	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685	5	Open treatment of trans-scaphoperilunar type of fracture dislocation
25690	2	Closed treatment of lunate dislocation, with manipulation
25695	4	Open treatment of lunate dislocation

ARTHRODESIS

25800	6	Arthrodesis, wrist joint (including radiocarpal and/or ulnocarpal fusion); without bone graft
25805	7	Arthrodesis, wrist joint (including radiocarpal and/or ulnocarpal fusion); with sliding graft
25810	7	Arthrodesis, wrist joint (including radiocarpal and/or ulnocarpal fusion); with iliac or other autograft (includes obtaining graft)
25820	6	Intercarpal fusion; without bone graft
25825	7	Intercarpal fusion; with autograft (includes obtaining graft)

AMPUTATION

25907	5	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25922	5	Disarticulation through wrist; secondary closure or scar revision
25929	5	Transmetacarpal amputation; secondary closure or scar revision

Except as provided below, all procedures are effective as of November 1, 1994

- ¹ Code added for services performed on or after January 1, 1995
- ² Code added for services performed on or after February 27, 1995
- ³ Code deleted for services performed on or after April 1, 1995
- ⁴ Code deleted for services performed on or after April 26, 1995
- ⁵ Payment group changed for services performed on or after February 27, 1995
- ⁶ Code added October 1995 effective for services performed on or after November 1, 1994
- ⁷ Code deleted for services performed on or after March 31, 1996
- ⁸ Code added for services performed on or after January 1, 1996
- ⁹ Code added for services performed on or after January 1, 1997
- ¹⁰ Code deleted for services performed on or after January 1, 1997
- ¹¹ Code added for services performed on or after November 1, 1998

